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ABSTRACT

To identify obstacles to involvement of Black, low income, innercity parents in the education of handicapped children 56 parents were interviewed. Transcriptions of the interviews revealed parents' feelings towards needs assessment, service delivery, information, attitudinal, and situational factors. In addition, patterns and recurrent themes in parents' experiences were noted. Demographic findings revealed a picture that included strong perceptions of assertiveness and relatively high interest in child advocacy groups and national, state, and local associations. Among informational and situational barriers identified were transportation problems, sense of social isolation, and feelings of helplessness brought on by lack of education and lack of knowledge about available services. Only 34% believed that there were community organizations successfully helping Black parents of handicapped children. While the majority of parents indicated satisfaction with the school programs of their children, parents were found to be acutely aware of shortcomings in their child's placements. A substantial minority (38.9%) indicated they were unfamiliar with P.L. 94-142 (the Education for All Handicapped Children Act) and its provisions for handicapped children. Twelve recommendations were made, including emphasis on developing special information to be distributed in urban areas and training human service personnel to encourage parent involvement. (CL)

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OBSTACLES TO PARENTAL INVOLVEMENT

[*Final Report*]

A Study of Barriers to Participation in the
Educational Process Faced by Black, Low Income,
Inner City Parents of Handicapped Children

1983

EC 162789

OBSTACLES TO PARENTAL INVOLVEMENT

A Study of Barriers to Participation in the Educational Process Faced by Black, Low Income, Inner City Parents of Handicapped Children.

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Points of view or opinions stated herein do not necessarily represent an official position of the United States Department of Education.

ABSTRACT

The Parents' Campaign for Handicapped Children and Youth (PCHCY) undertook an investigation regarding the educational rights of exceptional children with emphasis on information and support needs. Using a case study approach to collect information from parents of handicapped children in the cities of Baltimore, Maryland and Atlanta, Georgia the goal was to document both barriers and facilitators of parental involvement. The project was designed to assess the obstacles to parental involvement and to serve as a catalyst for the development of community problem-solving around issues of parental involvement where handicapped children are the focus.

This investigation was guided by a hypothesis that substantial barriers existed in the lives of inner-city, low-income Black families who had handicapped children that prevented these parents from fully participating in the educational programs of their children. Further, it was speculated that these barriers would be of an informational, attitudinal and situational nature, and that if these barriers were overcome, the lives of the affected families would be positively enhanced.

Although a majority of parents indicated that they had received information regarding the legal rights of handicapped children and that they were familiar with P.L. 94-142, a substantial minority of parents (38.9%) responded in the negative. Moreover, the study revealed that while

respondents generally indicated that the presence of a friend, spouse or another parent proved beneficial to them as they attended school meetings concerning their child's program, a large percentage of parents, 20.8%, indicated their unawareness of other individual parents or parent groups of handicapped children. A close analysis of the taped interviews indicated that many parents felt a sense of isolation, helplessness and "aloneness" as they attempted to ensure the most appropriate education for their handicapped children. They perceived their situations as unique conditions in which they found themselves and that they alone had to deal with and overcome the daily realities faced by their handicapped children. The data suggest that the notion of making connections or networking with other parents, albeit a positive one, was somewhat removed from consideration on the part of a large number of these parents. This missing perspective combined with the reality of not having adequate information seemed to serve as a real barrier to having parents collectively struggle with ensuring a positive education for their children. Yet another interesting finding of this study was the fact that only 34 percent of the respondents believed that there were organizations in their communities which were doing a particularly good job in assisting Black parents of handicapped children. By any criteria, this percentage represents a disappointingly low level of support for parents of handicapped children. Recommendations were made as a result of the above mentioned and other findings which

include the suggestion that formal and informal lay parent self-help groups should be developed for the purpose of providing mutual support and aid. These groups should be organized by parents, for parents and should use the parent's experiences with accessing support for their handicapped children as the bases of discussion, action and reflection. The findings further suggest that there is widespread need and support for assertiveness training, political action training and community support-system development workshops.

Hopefully, the results of this study will provide some initial insight into the problem which would enable professionals in the field of education and other relevant organizations, both national and local, to plan and implement programs based on reliable and valid conclusions with more sensitivity to the parents' unique needs.

ACKNOWLEDGEMENTS

This project could not have been completed without the cooperation of many concerned and dedicated leaders in the communities in which the research was conducted. As representatives of local community organizations, service delivery organizations and other groups, these individuals gave generously of their time and energy to help us reach parents of handicapped children, identify issues that were characteristic of their particular locality, and set up meetings to introduce the project and discuss findings. We deeply appreciate the assistance extended to us by all these individuals, who understood why the project was an important one and went out of their way to contribute to its success.

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Chapter I

INTRODUCTION

Overview

This chapter contains an overview and introduction to the problem of parent participation in significant school activities and related barriers, particularly when low-income, inner-city Black parents of handicapped children are the target population. The focus and goals of the study are briefly enumerated noting the project's main purposes and the rationale for this research inquiry. In addition, this section includes a statement of the problem which gives the context in which this research study was undertaken.

Background

Across many school systems parents confront a host of barriers to their involvement in the processes of education. The problem of barriers to significant involvement by parents is even more complex with Black, low-income, inner-city parents of handicapped children. It is thought that these parents typically do not have the resource base or support systems to adequately resolve the situational, informational or attitudinal constraints often faced by them. The examination of these constraints provides the basis for the research inquiry described herein.

The Parent's Campaign for Handicapped Children and Youth (PCHCY) generated the research rationale for the study which is based on an awareness that substantially and disproportionately large numbers of handicapped children who

are also members of minority groups are not securing their rights to adequate educational services. While recent legislation, e.g., Public Law 94-142, Section 504 of the 1973 Rehabilitation Act, mandates that parents be involved in establishing the individualized educational program of their children, many parents are often not a part of this process. Hence, this study sought to identify and explore the concerns of parents which inhibit their involvement in the educational programs of their children. Moreover, the inquiry sought to identify the important factors which would foster their participation. Using a case study approach to collect information from parents of handicapped children in the cities of Baltimore, Maryland and Atlanta, Georgia the goal was to document both barriers and facilitators of parental involvement. The project was designed to assess the obstacles to parental involvement and to serve as a catalyst for the development of community problem solving around issues of parental involvement where handicapped children are the focus.

As mentioned before, the overall goal of the study was to identify obstacles that prevent Black, low-income, inner-city parents from participating in the educational process of their handicapped children. It was hypothesized that barriers would cluster around informational, situational, and attitudinal domains. Community residents, grassroots organizations, service organizations, as well as parents represented the intended audiences from which information was collected and synthesized. It was our premise that the

inclusion of input from such community based groups would provide a more comprehensive accounting and understanding of issues to be explored.

The main purposes of the project were: (1) to develop a clear identification of problem areas (barriers) based on data collected during the interview process; (2) to gain a fuller understanding of support systems desired by the population studied; and (3) to determine specific informational needs of parents and preferred modes for disseminating that information to them. It was believed that the expected result would enable professionals in the field of education and other relevant organizations, both national and local, to plan and implement programs based on reliable and valid conclusions with more sensitivity to the parents' unique needs. The aim, too, was to facilitate increased participation by parents at the two study sites. What follows is a description of the context in which the problem of parental involvement is embedded.

Problem Statement

One of the most critical elements of a child's education is his/her parent's participation in that process. While this is generally accepted for children in regular education, parents of children enrolled in special education programs have experienced greater dissonance from school officials (Marion, 1979). Some efforts have been made to increase parental involvement, especially that of low-income minority parents, (Nebgen, 1979). Yet, it was not until Congress passed legislation which required school officials to include

parents in the planning of educational programs for their handicapped children that a minimum effort was made to involve parents in this educational process (Patton and Braithwaite, 1980). However, despite federal legislation, a recent survey (1981) by the U.S. General Accounting Office (GAO) reports that "the second member of the IEP team member missing most often was the child's parent(s)".

The parent is usually expected to serve as the "ultimate advocate" to ensure that the child's educational progress is not hampered and to intervene whenever necessary (Kappelman and Ackerman, 1977). Yet, a small survey in rural Arkansas found that the majority of low-income, Black parent respondents interviewed, knew little or nothing about Public Law 94-142 and its impact on handicapped children (Boone and Smith, 1981).

After synthesizing these preliminary impressions the following problems became evident:

1. Federal legislation notwithstanding, many parents are still not included in planning their children's educational programs.
2. Although Black students are clearly over-represented in special education programs, a recent study finds that those Black, low-income parents queried concerning their knowledge of Public Law 94-142 were only minimally informed on special education rights and procedures.
3. The parent is expected to be the primary protector of his/her child's education yet he is often ill equipped to interface with the unfamiliar school network and rarely receives special training in this area (Hobbs, 1975).

The following review of literature indicates a paucity of research which attempts to identify barriers or potential barriers to involvement and participation in the educational planning of Black, low-income, inner-city parents of handicapped children. Therefore, the rationale for this investigation is related to the void in the extant literature on issues of parental involvement, particularly that of urban, low-income, Black parents.

Chapter II

REVIEW OF LITERATURE

Overview

Parents' input and involvement in their children's educational program have proven to be crucial to healthy child development. Recognizing the importance of national involvement, federal law now guarantees the parent the right to be involved when school personnel develop educational programs for their handicapped children. Within this chapter, a summary of the recent and relevant literature related to: (a) federal legislation, (b) school dynamics with low-income children, (c) the parent professional partnership, and (d) the minority^{parent} professional partnership will be presented. This section is intended to provide the reader with state of the art information relative to the above mentioned aspects of parent involvement in the educational process of schooling, when handicapped children represent the target group.

Federal Legislation

Three federal laws with the greatest impact regarding parental involvement and input include Public Law 94-142, Section 504 of the Rehabilitation Act of 1973, and Public Law 94-482. Public Law 94-142, the Education for All Handicapped Children Act, passed by Congress in 1975, has been heralded as landmark legislation. A major requirement of this law is the development of an individualized education program (IEP) for each child. The parent, and the child, when appropriate,

must be included in this process. The components of the plan include developing baseline data, specific long and short term goals and objectives, providing a description of services to be provided as well as the providers indicating listings of related services the child is to receive as part of his/her education, and evaluation. The system is designed to assure that the parent receive a copy of the individualized educational program (IEP) once finalized.

This law further gives parents the right to challenge and appeal any school decision; the right to an impartial due process hearing; the right to read all school records and the right to protest or request removal of inaccurate or misleading information contained in the child's school files. The parent must be notified of any changes in the placement or program before the changes are implemented (Scheiber, 1975).

In 1977, regulations were issued by the United States Department of Health, Education and Welfare for Section 504 of the Rehabilitation Act of 1973. Those regulations stated that "no otherwise qualified individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance". Section 504 emphasizes the right of all handicapped individuals to a free education suited to their individual needs. The severity of the handicapped child's condition should not be regarded as a deterrent. Under the requirements of the law, no handicapped child may be excluded from a publicly supported elementary or secondary

education program. In many ways these provisions mirror those of Public Law 94-142.

Section 504 parallels Public Law 94-142 in that it requires schools to educate all handicapped children, provides for input from the parent and offers the parent the right to due process hearings. Further, it requires all programs receiving federal funds to be barrier-free and states that handicapped persons must be given the opportunity to participate in or benefit from services equal to those provided to others (Scheiber, 1978).

The Vocational Education Act Amendments of 1976, Public Law 94-482, strengthen the ability of state education agencies to provide vocational education to handicapped students and has an important relationship to Public Law 94-142. This law "requires ten percent of federal funds allocated to states for vocational education be spent on the cost of special programs, services and activities for handicapped persons. Vocational education programs using these funds in secondary schools must carry out the goals of Public Law 94-142 and comply with its requirements" (Scheiber, 1978). Rights mandated by Public Law 94-142 are extended to handicapped children receiving services under Public Law 94-482. Parents (and the student, when appropriate) have the right to participate in all decisions, the right to accept or reject educational plans proposed by the schools, and the right to request a hearing when dissatisfaction with a program cannot be resolved (Scheiber, 1978).

The Low-Income Handicapped

Minority or low-income handicapped children often find themselves in most perilous situations. Misclassification of these children into inappropriate settings is a frequent occurrence and often results in the denial of appropriate opportunities for education and development. Even when properly classified, the services that are necessary for this population are not always forthcoming. Hobbs (1975) remarked that "the nation's most urgent domestic problem is the equalization of access to opportunity regardless of race, ethnic background, or economic status". Further, Hobbs (1975) argued that the role of the parent as a planner and consumer of services for children must be enlarged to permit meaningful input and involvement.

Additional insight into the daily problems of urban, poor Blacks living in America has been provided by Billingsly (1968) when he observed that at least half of all blacks living in the country at that time could be considered lower class with yearly incomes of \$3,000 and under. His description continues:

"They receive the least supports from the major institutions of society. They are the most victimized by discrimination and poverty and generally lack opportunity. They are, consequently, the most chronically unstable, dependent and deviant. Their children are most likely to get into trouble or to be neglected. These are the problem families and the long term welfare recipients. But it cannot be stressed too strongly that not all lower class Black families are poor. Not all poor families are broken. Not all single parents are on welfare, and not all welfare families are chronic problems." (Billingsley, 1968).

The societal changes affecting urban families, especially those with school age children, point to a "progressive fragmentation and isolation of the family in its child rearing role" (Bronfenbrenner, 1978). In 1978 more than half of the mothers of school age children in this country worked. At least one in every six children under the age of eighteen lives in a single parent family. The parent, as head of the family, is usually employed full time. The component of single families showing the most increase has been that of unwed mothers. "All of these changes are occurring more rapidly among younger families with small children and increase with the degree of economic deprivation and urbanization, reaching their maximum in low-income families living in the central core of our larger cities" (Bronfenbrenner, 1978).

Lack of money is the most important factor relating to low-income families. "The struggle among poor families is a struggle for existence" (Willie, 1981). Everything else becomes secondary. The effort to survive can create a low expectation level and a climate of distrust. After a lifetime of disappointments, broken relationships and broken families, parents may appear to lack commitment to anything or anyone. In reality, they often are afraid to trust (Willie, 1981).

The Parent-Professional Partnership

An effective parent/teacher relationship is one of the most important aspects of the child's education. Teachers can plan the most appropriate program for the child in the classroom when they understand his/her environment. Parents, when given information about the school and their children's educational progress, can be strong supporters and aid in the child's growth and development. Once parents and teachers recognize each other's capabilities, they can work together to solve problems concerning the child (Kroth, 1975).

Recognition of and advocacy for inclusion of parents in the education of their children was given high priority by the Project on Classification of Exceptional Children when the task force recommended:

"A primary objective of federal, state and local policies should be to empower parents to be effective in their role as advocates for their children. To help parents become effective in this role, professionals must involve them in planning, make clear to them their rights and the rights of their children, give them information, encourage them to organize, teach them to participate in efforts to help their children, and train them, when necessary, for the responsibilities..." (Hobbs, 1975).

Parents who act as advocates for their children run the risk of being labeled a nuisance by school personnel. Morton and Hull (1976) have observed that school personnel adopt the attitude that parents are not educators; consequently, they are not in a position to make decisions regarding the child's education. But, in truth, the parent, as the constant figure in the child's life, is repeatedly required to make such

decisions because he or she is the one person most responsible for the child's well-being, both physical and educational.

Over the years, special educators have professed to have an interest in parental involvement. Closer examination of activities will find that efforts to stimulate interest and involvement of parents generally have been limited to several parent-teacher conferences held throughout the year. During these conferences, more often than not, the teacher talked and the parent listened (Iranes and Espy, 1981). Teachers are trained in the art of instructing or educating their pupils. They are given little, if any, training on how to work with parents as equals despite the major role the parent is expected to play in the child's education (Seligman, 1979).

Parent-teacher collaboration on educational issues is important and can be handled without much difficulty. The development of this relationship has a major impact on the academic and emotional growth of the child. The relationship is influenced by the parent's and teacher's view or perception of the other. A well planned, structured exchange between the parent and professional can greatly assist the realization of mutual goals (Seligman, 1979).

While some educators have always welcomed parent participation, federal legislation and recent court decisions now make it mandatory that all school systems include the parent when developing an educational program for the handicapped student. In order to develop a satisfactory

relationship, this requirement may necessitate a change in attitude for some professionals who are unaccustomed to working with parents and for some parents who are unaccustomed to playing an active role in their child's education (Mopsik and Agard, 1980).

The professional traditionally focuses most of his/her attention on the handicapped child and has only recently become sensitive to the impact of the child's special needs on the family unit. As a result of this new awareness, the parent-professional relationship is being examined more closely. More research in this area is needed but based on available information there are clear indications that the parent usually finds the relationship to be less than satisfactory. The parent has borne responsibility for this negative relationship. But the professional, with his/her training and commitment, has to assume the major responsibility for improving or building a positive relationship between the two parties. To establish a positive working relationship with parents, professionals need to understand: 1) the impact of professionals on parents during the search for help, 2) the impact of the child with a disability on the entire family over an extended period of time, and 3) the impact that the child and family have on the professional (Seligman and Seligman, 1980).

The Minority Parent-Professional Partnership

Barriers to communication between minority parents and professionals may exist because state and federal programs aimed at encouraging parental participation for the economically disadvantaged are not designed for any specific minority group. Moreover, many parents believe that the programs are not beneficial to them and their children. "Where programs do exist, they may be taken advantage of only by those parents who have access to and knowledge of the system, while others, who may actually have greater needs, may be overlooked" (Nazzaro and Portundo, 1981).

Minority parents, as a rule, have not fared well in their experiences with the public school system. Negative experiences have included inappropriate special education placement, often with culturally biased assessment tools, lawsuits, and the sometimes violent nature of desegregation activities. As a result, it has been indicated that minority parents often feel disinfranchised, unwilling to accept special placement decisions or "to become involved in the IEP decisions" (Marion, 1979). Professionals attempting to involve minority parents should be aware of the parents' need to understand exactly what the school is trying to accomplish. The parent may need information on educational resources, legal rights and available services, including referral and appeals procedures (Nazzaro and Portundo, 1981).

Parents of culturally diverse, handicapped and gifted children have several common needs. They include: 1) a need for information, including an explanation in simple terms of

the implications of Public Law 94-142, 2) the need to belong (minority parents are historically underrepresented in traditional parent organizations), 3) the need for self-esteem, 4) the need to be understood, and 5) the need to have professionals recognize and be responsive to their feelings (Marion, 1980).

The minority parent's need for information, especially ^{on} the impact of Public Law 94-142, has been documented in a research project in rural Arkansas (Boone and Smith, 1981). Seventy-five percent of those parents interviewed were unaware of the public school system's responsibility to provide a free, appropriate education for their handicapped children. The same percentage of respondents did not know the schools were responsible for developing individualized education plans for special education students. Parents further did not know of their right to disagree with the school in placement disputes. Lastly they were also unaware of their right to a hearing with legal counsel present during the proceedings (Boone and Smith, 1981).

Interactions between home and school have traditionally left Black parents feeling that their rights have been abused. In meetings or conferences with school personnel, these parents often feel that decisions have been made by the professionals and imposed upon them. These parents often have perceived the school environment as cold and impersonal. They have felt removed from conversations concerning their children and were either ignored or interrupted by the professionals if they expressed an opinion or observation.

With suitable reading materials unavailable and training programs rare, Black parents have had few chances or little preparation for involvement in educational decisions affecting their children (Marion, 1981).

Many minority parents have experienced negative encounters with the schools which have caused them to become apprehensive when professionals attempt any type of intervention. Their reported low self-concept has also been identified as a significant factor. The stigma of being considered a second class citizen has often led to behavior which the professional views as a bad attitude. Positive attitudinal changes can occur when the professional utilizes communication strategies which reveal the real causes for the parent's behavior. Once the behavior is understood, the professional can then begin to establish a trusting relationship through positive experiences (Brito, 1982).

Effective strategies for serving parents of minority handicapped children must be built upon understandings, principles, existential concerns, and realities about the parent, other caregivers, and the child. The professional must be thoroughly aware of and sensitive to the political, social and economic environment in which the child lives and its impact on the lives of the people with whom the professional is attempting to work. The professional's ability to effectively serve our parents can be greatly enhanced if we view our handicapped children as existing and operating within a larger support system, and if we

educational strategies in light of an understanding and acceptance of the cultures existing within these support systems (Patton, 1982).

There is a wealth of literature written for or by middle class parents of handicapped children. Between Parent and School, The Parent-Professional Partnership, Effects on Parents, Strategies for Helping Parents of Exceptional Children, and An Education Handbook for Parents of Handicapped Children are just a few titles from a growing list of literature designed to help the parent and professional understand each other, work together and develop plans for ways to solve some of the unique problems that might arise during the education of a handicapped child.

There is, however, a critical shortage of information which focuses on the special needs of the low-income, minority parent. Several articles are available on useful techniques or strategies for developing relationships or increasing minority parental involvement. They are written by professionals for professionals. Published information which addresses the barriers faced by low-income, minority parents, developed with their input, is extremely rare. If urban, Black children, who comprise a high percentage of special education students, are to benefit from parent-school partnerships, the situations which become obstacles for their parents must be identified, examined and solutions found. This is vital if handicapped children are to receive the education and opportunity necessary to grow, develop and

Chapter III

METHODOLOGY

Overview

Within Chapter III the project methodology is described in some detail. Following a brief introductory statement which recapitulates the research focus and objectives, the research procedure, sample selection, instrumentation and analysis design will be described.

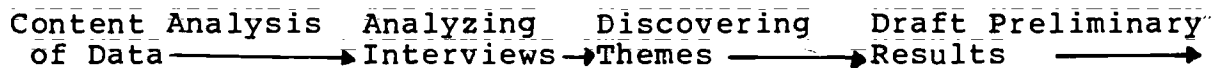
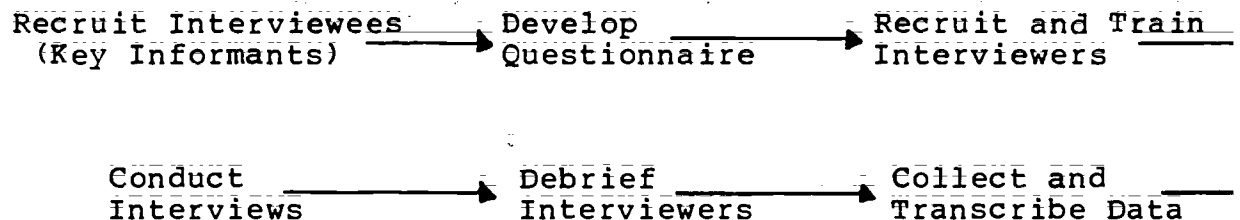
Basic Approach

The overall goal of this study was to identify barriers which prevent Black, low-income inner-city parents from participating in the educational process of their handicapped children and the supports needed to overcome these barriers. For the purpose of this investigation, it was hypothesized that the barriers to participation would cluster around three categories: 1) informational, 2) attitudinal, and 3) situational. Further, information was sought to identify and illuminate community resources and support systems having potential for enhancing the involvement of Black, inner-city parents in their handicapped children's educational program.

The approach to this research inquiry relied heavily upon a qualitative or ethnographic methodology designed with the primary purpose of theory building rather than theory verification. A developmental research sequence guided the conduct of this study. Further, this study is based upon responses to interview schedules from an intentionally selected sample of parents. Based on this examination

collection does not represent all urban school systems, nor has an attempt been made to do so.

The sequence is as illustrated and described below:



Conduct
Community
Workshops

Recruitment of Interviewees

The recruitment of interviewees began early in this research study for two reasons. First, the target population for the study was identified on an a priori basis when the proposed research was under consideration by the U.S. Department of Education, Office of Special Education, Research Projects Branch. Secondly, due to the relatively short term funding of this project (10 months), careful attention was paid to the recruitment of individuals who would serve as effective on-site consultants at each site. In Atlanta, initial contact was made with Dr. Clarence Coleman, Dean School of Social Work, Atlanta University. As a result of his recommendation, Dr. Nancy Boxill, Chairperson, Department of Child and Family Services at Atlanta University, was selected to serve as the principal

consultant in Atlanta. Dr. Andrew Billingsley, President of Morgan State University, was initially contacted and subsequently recommended that Dr. Barbara Jackson, Director of the Dean's Grant Project, serve in this role at Morgan State. Dr. Jackson was also recommended by the National Alliance for Black School Educators, Washington, DC. Other leaders in the Atlanta and Baltimore communities were identified and played key roles in the recruitment of referring agencies and potential interviewees. Further, many parents recommended by formal agencies in both cities referred to the interview teams additional parents to be interviewed. See Appendix A for a listing of referring and participating agencies.

As a result, 55 parents were initially identified in Atlanta and 32 parents in Baltimore. After screening this sample of potential interviewees 26 and 30 parents were selected to participate in the study from Atlanta and Baltimore, respectively. The university consultants, community leaders and representatives from referring and participating agencies in each city were then invited to attend a one-day planning meeting during which time the project staff had an opportunity to 1) describe the project, 2) solicit suggestions on plans for conducting interviews, 3) review the draft interview format, 4) identify additional potential interviewees, and 5) solicit a mutual ownership of the study on the part of all stakeholders.

Development of the Questionnaire

After several planning meetings which provided an opportunity for the principal investigator to interact with the university based consultants on the survey objectives and parameters for the research inquiry, a large pool of items were generated within the following four areas of interest 1) needs assessment service delivery, 2) informational barriers, 3) situational barriers, and 4) attitudinal barriers.

The first draft of questions and probes utilized in the interview schedule was developed as a result of 1) a review of the extant literature in the areas of informal and formal support systems of Black families, Black parenting patterns, typical problems confronted by parents of handicapped children, 2) previous experience of the PCHCY and 3) input from project consultants. This draft instrument was subsequently reviewed by the principal investigator and the executive director of PCHCY prior to its submission for field testing.

The next stage in instrument development consisted of field testing the draft instrument by a Black parent of four handicapped children residing in the Washington, D.C. and two Black parents in Petersburg, Virginia. A meeting was then scheduled in Atlanta, Georgia during which time the revised draft instrument was presented to a group of community leaders, Black parents of handicapped children, public school personnel and representatives from a host of special education related agencies for their input. As a result, the protocol was subsequently revised in its final form.

This final interview schedule consisted of a 47-item instrument which was administered at both sites by graduate students, parents of handicapped children and the principal investigator. Both open ended and closed ended items were included in the interview schedule. In addition, several questions utilized a 5-point Likert Scale to ascertain parental response to the items. Finally, a 13-item interviewer checklist designed to provide insight into the climate and content of the interview itself was developed and utilized. Appendix B contains a copy of the interview schedule and interviewer checklist.

Recruitment and Training of Interviewers

The university consultants at each site selected the pool of potential interviewers which included parents of handicapped children at both sites, social work graduate students at the Atlanta site and graduate education and sociology majors at the Baltimore site. Ten interviewers (five each in Atlanta and Baltimore) were selected and participated in an interviewer training workshop which 1) described the Parents' Campaign, 2) discussed the goals and objectives of this particular study, 3) reviewed the interview schedule and checklist, and 4) discussed interviewing techniques. Appendix C contains a detailed agenda of this training session. The content of the session was the same at both sites. Scheduling conflicts and transportation problems precluded two graduate students from serving as interviewers.

Conducting Parent Interviews

After the potential parent interviewee lists were developed, final respondents received written notification of their selection. Each interviewee was assigned a coded number to ensure confidentiality in reporting of results. The names and coded assigned numbers were known only by the project staff.

In an effort to minimize any potential anxiety by interviewees related to the place for conducting interviews, the majority of interviews took place in the homes of the parent. It was felt that parents would be more comfortable in this setting and would, therefore, reveal their true feelings and perceptions concerning the questionnaire items.

Each parent interviewed received a packet of information which included (1) a listing of local parent groups, (2) a listing of advocacy and disability related organizations, (3) state agencies that serve the handicapped, (4) directors of special education programs, (5) literature which outlined handicapped children's rights, and (6) a guide to obtaining services.

In Atlanta the interviews spanned a four month period from November 1981 through February 1982. However, the month of December 1981 was a period of inactivity due to the Christmas holiday and the end of semester at Atlanta University. In Baltimore the interviews were conducted in February and March 1982.

Debriefing of Interviewers

Interviewers and university coordinators in both sites were debriefed by the principal investigator (external consultant also participated in the Baltimore debriefing) in order to capture those subjective impressions and factual information which might have been lost in the actual interview process. Their input provided additional insights into the responses offered by the parents.

Once the initial content analysis of the data and debriefing of interviewers was accomplished in March, 1982, preliminary results were shared in workshop settings in Atlanta and Baltimore with leaders of community organizations, service delivery organizations and parents who had participated in the study. This was done in order to obtain additional insight, impressions and reactions to the challenges faced by parents and resources needed for their support. The data was then analyzed in light of this additional information generated from the follow-up workshops.

Transcription of Data

All 56 interviews were recorded with a standard cassette recorder. This was done primarily to relieve the interviewer of tedious note taking. Verbatim transcriptions of all interviews were completed by April 1982. They averaged 40 pages in length. These transcriptions were then edited for completeness. In some cases it was necessary to return to the tapes to clarify areas of confusion and to address

sections which may have been inaudible to the transcriber. After transcriptions were completed the tapes were erased to ensure confidentiality of respondents.

Content and Theme Analysis

The 56 case study transcriptions were reviewed and summarized to reveal major findings related to the survey objectives (needs assessment, service delivery, information, attitudinal and situational factors). Results contained in Chapter 4 are reported in a manner that reflects findings within each of the four survey objective areas which essentially comprise the procedure for the content analysis.

The analysis also included a search for recurrent themes and patterns in the parents' experience. Information which illuminated problems of parents and resources needed to resolve these challenges was sought after. All quantifiable responses were coded and exposed to a SPSS program (Statistical Package for the Social Sciences) to discern measures of central tendencies and deviations from the norm. Those responses which did not lend themselves to a quantitative analysis were content analyzed and reported in a narrative fashion.

Quantitative Analysis

Both nominal and ordinal levels of measurement comprise the nature of the 47 questions raised during the survey. Therefore, the analysis of these data are reported with percentages, frequency distribution, and cross-tabulations with key variables.

The closed ended questions have been quantitatively analyzed, while the open-ended questions have been reported in a narrative format. The analysis and reporting of the data was based on a search and explanation of recurrent themes which could provide insight into barriers of participation and resources which could compensate for these barriers.

Drafting Preliminary Results and Community Workshop

The preliminary results for the study were prepared during April and May 1982. These findings were subsequently shared in a workshop setting with parents and representatives from the community organizations and selected agencies in both Atlanta and Baltimore. The preliminary findings were modified as a result of reactions generated during these workshops. These workshops served to validate the findings and their interpretations.

Chapter IV

RESULTS

Overview

Within this chapter the results of the 56 interviews are described using summary statistics. Specifically, after a brief demographic profile of the sample population, Table I depicts self-rating by parents on selected characteristics which is followed by a synthesis of respondents' answers to an "interest and involvement" in organization scale depicted in Table II. This is followed by narrative and qualitative reporting of key observations noting summaries of informational, situational, and affective barriers to parent involvement. Several cross-tabulations are used to characterize and contrast feelings and perceptions held by parents and their relationships to other key factors.

Demographic Profile

As previously mentioned, the design of this study required that participants be Black, low-income parents of handicapped children residing in Atlanta, Georgia or Baltimore, Maryland. Ninety-eight percent of those interviewed were females, 20.0 percent lived in detached single family houses, while 76.0 percent lived in apartments. Three parents (11.8%) had visual handicaps themselves and one parent each had a physical (1.8%) and hearing handicap (1.8%). Several of the parents indicated chronic health problems or conditions which effected their level of participation in school programs. The nature of their health problems were typically

hypertension, heart ailments and diabetes. The total parent group averaged 3.8 offsprings while an average of 1.2 of their children had some type of handicapping condition. An analysis of parental self-ratings on selected characteristics is included in Table I.

Table I *

Percentage of Self-Ratings on Selected Characteristics

N=55 (Adjusted Percentages Used)

	1	2	3	4	5	6	7	
	Very	High	Medium	Medium	Medium	Low	Very	
	high		high		low		low	Median
Energetic	30.9	14.5	18.2	20.0	9.1	1.8	5.5	2.75
Resourceful	32.7	18.2	16.4	20.0	5.5	3.6	3.6	2.45
Organized	20.4	22.2	20.4	24.1	7.4	1.9	3.7	2.86
Assertive	32.1	26.4	11.3	17.0	5.7	3.8	3.8	2.18
Adaptability	30.8	25.0	15.4	15.4	7.7	1.9	3.8	2.27

* Numbers represent percentages. In some instances, the total percentage may not equal 100 due to the rounding.

The respondents very strongly perceived themselves to be assertive and to lesser degrees high in adaptability and resourcefulness. As a group they reported a tendency to rank themselves somewhat high in the areas of being energetic and organized. They did so, however, with a lesser degree of confidence than the other characteristics considered.

The respondents averaged 10.7 years of completed formal schooling with their spouses or mates averaging slightly above 10 years (10.05) of schooling. The primary source of income of 57 percent of the respondents was some form of governmental assistance (Social Security, Supplemental Security Income, Aid to Families with Dependent Children, etc.); while a significant minority of respondents supported their families with a variety of jobs ranging from being a seamstress and bookkeeper to a parks and recreation center director position. The average monthly income of the total respondent group was \$555.00.

Respondents were asked to rank organizations which, in their opinion, would provide a social, economic, or political basis for enhancing the education of their handicapped children. Table II reports on respondents' ranking of interest in these selected organizations.

Table II *

Percentage of Interest and Involvement in Organizations
As Expressed by Parents

Levels of Interest and Involvement As Expressed in Percentages						
	5	4	3	2	1	
	Most Int. & Invol.	Mildly Invol.	Inter- ested & Invol.	Low Int. & Invol.	Least Int. & Invol.	Median
Social Clubs	14.8	7.4	13.0	20.4	44.4	1.8
Self Help Groups	35.2	20.4	9.3	9.3	25.9	3.8
Political Groups	20.8	9.4	28.3	9.4	32.1	2.8
Church Groups	41.8	12.7	12.7	10.9	21.8	3.9
Voluntary Groups	28.8	23.1	19.2	5.8	23.1	3.6
Cultural Groups	28.0	14.0	14.0	8.0	36.0	2.9
Local or State Assoc. for Hand.	41.5	22.6	5.7	3.8	26.4	4.1
National Assoc. for Hand.	45.3	17.0	3.8	7.5	26.4	4.2
Child Advocacy Group	49.0	11.8	3.9	5.9	29.4	4.4

* Numbers represent percentages. In some instances, the total percentage may not equal 100 due to the rounding.

An analysis of Table II reveals that contrary to traditional wisdom and folklore, respondents expressed relatively high levels of interest in and involvement in child advocacy groups and national state and local associations for handicapped individuals. A mild degree of interest was generally expressed in church groups, self-help groups and voluntary groups. Although some interest and involvement in cultural groups and political groups were reported by respondents, very little interest was expressed in social clubs.

Parents and Children

Several questions were posed which directly focused on the handicapped child, the nature of his/her condition, the timing of diagnosis and precipitating factors, and the response of the school system to the child's situation. Generally, respondents in the Atlanta subgroup indicated that it was during the first 24 months of life that they suspected their child was handicapped, while those from Baltimore suspected a problem on the average at age seven. The range of responses of the total group varied from birth to 18 years of age. Most indicated that they suspected something was wrong, (in the absence of obvious disabilities at birth) when the child did not respond to environmental noise and other stimuli, exhibited inappropriate behavior, or had not achieved certain developmental milestones at a prescribed age, e.g., walking, crawling, and speaking. At least three respondents indicated that maternal complications associated with the birth process caused them to suspect problems. The

majority of the parents in Atlanta tended to contact their doctor or medical clinic when evidence of a problem surfaced while those in Baltimore were more likely to contact the public schools.

As might have been expected, a majority of the respondents' handicapped offsprings either had handicaps unknown to the parent or had multiple handicapping conditions which create difficulty in attempting to categorize the conditions. More detail is revealed by Table III which indicates respondents' general categorization of their child's handicapping conditions.

Table III

Child's Handicapping Conditions as Reported by Parent(s)

Handicapping Condition	Frequency of Responses
Speech Impairments	2
Hearing Impairments	4
Multiply Handicapped	3
Physically Handicapped	15
Emotionally Disturbed	5
Learning Disabilities	12
Mental Retardation	17
Visual Impairments	1

Most of the children were placed in some type of special education classroom with the self-contained model being the

mode. Only eight children were mainstreamed into a regular classroom program according to the respondents. This fact did not appear disturbing to the respondents for they did not generally appear to be aware of the movement toward educating eligible handicapped learners in their least restrictive environments. However, at the Baltimore follow-up workshop the majority of the parents indicated a strong preference for self-contained classrooms. While most respondents' (79%) indicated their satisfaction with the school systems' educational program of their children, a large minority (39.6%), submitted that they were presently having or had previously had problems with the schools' services for their children. In fact, 58.8 percent of the parents expressed a need for additional assistance for their youngster.

Informational and Situational Barriers

Several questions were designed to probe the area of possible informational and situational barriers which might prevent parents from becoming involved in their children's educational program. A majority of the respondents, 61.1%, indicated that they had received information regarding the legal rights of handicapped children and that they were familiar with the essence of P.L. 94-142. However, when an intragroup analysis of this variable is entertained, one finds that 60 percent of the Atlanta parents had not received this information while 79.3 percent of the Baltimore parents had. Those respondents who had received some type of information reported that this information was received mostly in verbal or printed forms like a pamphlet. The total

respondent group indicated that their preferences of the form of media through which they wished to receive information were newsletters, (34.6%) and books, tapes and radio and television, 13.5 percent each. It is apparent that newsletters were the preferred mode of communication for the respondents. The remarks of an Atlanta respondent captured this result, when she indicated "I'm the type of person, I like to read to see what I'm involved in. You see it, you read it for yourself, and you see it in writing". The preference of receiving information through newsletters is a direct contradiction to the popular notions about urban residents dislike for printed materials.

Many of the respondents liked the convenience of having the information sent through the mail, especially those without transportation. Several preferred newsletters because they could peruse them at their leisure or refer back to specific items when necessary. It was not within the scope of this project to determine the average reading level of urban residents, preferred formats or other factors related to newsletters as a means of information dissemination. It is obvious, however, that some of these questions including, field testing, must be addressed before any major effort is begun to develop a newsletter for this specific population.

In terms of human resources for information, most respondents revealed that their child's teacher was the most often used source of information concerning their children. The principal was clearly the second most often indicated

human source of information. The nature of discussions which parents had with these individuals clustered around concerns regarding their child's appropriate classroom placement and the inadequacy of related services, particularly speech therapy and vocational education.

In a related area, when parents were asked if they had attended school meetings during the past year, a majority of them (80.4%) responded positively. An intragroup analysis of the data, however, shows that 56.2 percent of the Atlanta parents compared with 92.9 percent of Baltimore parents had attended school meetings during the past year. Those parents who did not attend meetings indicated that their inability to attend most often resulted from transportation problems and the inappropriate timing of the meetings. One respondent's comment epitomized that of the group when she stated, "I have not been able to get out there to the school. But if I had a way to get there I would be there all the time."

Those parents who did attend a school meeting during the past year were generally accompanied by another adult. Usually a teacher, spouse, friend or another parent who proved to be beneficial to them during their attendance at these meetings. However, 20.8 percent of the respondents indicated that they were unaware of other parents or parent groups of handicapped children. Those who were aware found out about parents or parent groups through their child's school and generally discussed in an informal manner: services for their children, the problems they were collectively experiencing and the need to provide moral

support for each other. Again, transportation was cited as the most common barrier preventing the respondents from networking with other parents or parent groups. A majority of the parents interviewed, (64%) did not believe that the lack of money inhibited their participation.

Respondents appeared to be quite comfortable with their interactions with the school system and other agencies which normally provide assistance to handicapped individuals. All but two respondents indicated they felt free to meet with and discuss their child's situation with teachers and further to disagree when appropriate. As previously mentioned, a majority met regularly with their children's teachers. Further, although a minority, 21% of the respondents, knew of no other parents or parent group of handicapped children, 41 percent indicated that they "felt socially isolated from other parents or parent groups as a result of their handicapped child." Sixteen parents in the Baltimore subgroup felt socially isolated. Also, related to this discussion, 43% of the parents indicated that they felt helpless in their attempts to secure support for their children. The reasons for these perceived feelings of helplessness as indicated by the respondents were their lack of education and their lack of an understanding of available services and resources. The comments of one Baltimore respondent exemplify this observation, when she stated, "I just feel like it's time to bring out the heavy artillery but I don't know where the armory is." A clear majority of the

respondents believed that they possessed the reservoir of resources to secure the necessary services for their children.

Several questionnaire items addressed "knowledge and accessibility to formal and informal resources" existing in the community which serve as support for parents of handicapped children. In response to a question related to resources needed which would make it easier to request additional assistance from the school staff, the responses were mixed. Six respondents, or 20%, indicated that additional parental involvement would help to bring about needed changes. Related to this view, 45 percent of the respondents believed that more intensive parent advocacy was the necessary course of action required if the schools did not provide a high quality program for their children. Needed resources for transportation was the response for 17 percent of the respondents. Several respondents either had no idea or believed that nothing would make it easier for them to request additional assistance from the school staff. Several respondents indicated increased funding and the hiring of more qualified faculty would assist their situation.

Respondents' replies to the question related to which organization in the city other than the school system would parents go to for assistance are contained in Table IV.

Table IV

Community Organizations Other Than the School System
Identified By Parents As Places To Go To For Assistance

Community Organizations *	Frequency of Response
ATLANTA	
International Association for Parents of Deaf	1
Religious Organization	1
Easter Seal	1
Crippled Children's Clinic	6
Private Doctor	3
Spina Bifida Association	1
Hospital	1
Atlanta Rehab Clinic	1
Westside Mental Health Center	1
Morgan State University	1
Elaine Clark	1
Project Rescue	1
Scottish Rites Hospital	1
Other Parents	1
Association for Retarded Children	1
BALTIMORE	
Neighborhood Group Health Department	1
Regional Office	1
Family Support Group	2
East Baltimore Medical Center	3
Kennedy Institute	5
MAUDD	1
Maryland Association for Children with Learning	
Disabilities	2
Parent's Advisory Council	1
University of Maryland	1
Division of Exceptional Children	1
Did not know Organization	6

* Some of the organizations listed are not identified by official names. The official names were not known by the parents and project staff were unable in some cases to to ascertain correct names.

Only 34 percent of the respondents believed that there were organizations in the community which were doing a particularly good job in assisting Black parents of handicapped children. These organizations in Atlanta were the Spina Bifida Association, Emmaus House, and Westside Mental Health Center mentioned by one respondent each, the Crippled Children's Clinic, Project Rescue, and Atlanta Public School System as indicated by two respondents each.

Given the large percentage of children in the Atlanta sub-group who had physical handicaps, it is not surprising to find organizations which specialize in this area mentioned by parents. What is of interest, however, is the general paucity of organizations mentioned by parents in both Atlanta and Baltimore.

One parent each in Baltimore mentioned Big Brothers and Sisters, the Child Family Support Program, the Developmental Disabilities Council, The Gateway School, the Vocational Rehabilitation Center, and the Division of Exceptional Children's Recreation Program as organizations doing particularly effective jobs. Several parents mentioned the Kennedy Institute, the Parent Advisory Council and MAUDD.

Fifty percent of the respondents indicated that there were no organizations in the city that they believed were doing a particularly good job in assisting individuals in situations like themselves. Also, related to this discussion, in response to the question, "Who in your community has the power and influence to assist in bringing about change for the betterment of your child's education", 34% of the

respondents said family members or neighbors, two replied the E.O.A. Center, two said other parents and another indicated Father Ford, Director of Emmaus House. The Baltimore sample was much more politically oriented. Eight respondents indicated they would go directly to Congressman Parren Mitchell for assistance, while two others indicated they would seek assistance from their senator. Several neighbors, a former teacher and several clergy were mentioned as other resources who could be tapped. It is apparent that respondents generally do not perceive that there exists an organization or individual in their community capable of creating progressive change for the betterment of their children's education.

Approximately 41 percent of the respondents indicated that they had received no assistance from family members, relatives, or neighbors (informal support systems) when they had a problem related to their child's education. Those who had received assistance from family members and friends received assistance primarily in the areas of psychological and emotional support, information exchange about support services available to parents, assistance with their children's homework and babysitting chores. While the majority of parents interviewed appeared to have access to and had used an informal network of families and friends, a significant number, 41 percent, did not have this resource. This finding seems to indicate that the popular theory concerning an established informal network of families and friends in urban areas may be overstated. The network may

not be as extensive as professionals think. Fragmentation of families, decline of extended families and the need for more women to enter the workforce may have seriously weakened the once reliable network throughout the urban community.

Forty-nine percent of the respondents had received support in enhancing their child's education in terms of presence and attendance at parent training programs. Intragroup differences between the two parent groups are apparent when these responses are isolated. Whereas, only 29.2 percent of the parents in the Atlanta group had participated in a parent training program of any kind, 75.5 percent of the total respondents had never attended a workshop on preventing handicapping conditions. However, 84.3% of the respondents observed that they would be interested in participating in a workshop which identified family and local community support systems for black parents of handicapped children.

An extremely low percentage of respondents indicated they possessed sufficient knowledge to identify community resources outside the school system. 84.3% indicated a desire to participate in a workshop which would provide them with necessary skills needed to gain access to other services. This may be interpreted as a signal that respondents have a strong desire to gain more knowledge about their community as well as the ability to function more independently as advocates. Most of the respondents were not in favor of a traditional day long workshop but preferred to meet for no more than three hours at a time. They found shorter sessions extended over several weeks to be more

convenient. Several suggested that city and local state representatives should be included as participants so that staffs would be better informed when they received request for assistance from their constituents. The lack of information and/or education might be counteracted by providing the parent with the opportunity to learn in this type of setting.

Cross Tabulations of Key Factors

The analysis of nominal data facilitated cross tabulations of selected key variables. These variables are summarized using cross tabulation as the primary mode of analysis and depicts important relationships relative to parent behavior and their attitude about various aspects of the schooling process. One question asked respondents whether they had talked with their child's teacher recently about any special problem or concerns. This question was cross tabulated with the parents attitude about the level of satisfaction with the educational program for their child. Table V depicts this relationship. Specifically, 74.1% of the parents had talked with a teacher about their concern while 25.9% had not, and among those talking who had expressed a concern to a classroom teacher approximately 57.4% were either satisfied or totally satisfied with the experience, while 17% were either dissatisfied or totally dissatisfied. A small group (3.7%) were totally dissatisfied and had done nothing in the way of initiating a dialogue with the classroom teacher about their concern.

For each of the following cross tabulations, four indices are detailed within each cell. From top to bottom the following legend applies for each cell of the top matrix: row frequency count, row percent, column percent and total percent.

Table V

Feelings About School Service

	Totally Satisfied	Satisfied	Dissatisfied	Totally Dissatis- fied	ROW TOTAL
Yes	12 30.0 80.0 22.2	19 47.5 67.9 35.2	7 17.5 100.0 13.0	2 5.0 50.0 3.7	40 74.1
No	3 21.4 20.0 5.6	9 64.3 32.1 16.7	0 0.0 0.0 0.0	2 14.3 50.0 3.7	14 25.9
COLUMN TOTAL	15 27.8	28 51.9	7 13.0	4 7.4	54 100.0

Talked With Child's Teacher

Table VI summarizes the cross tabulation of parents' feelings about service with whether they had ever attended school meetings during the past year. Eighty per cent of the parents indicated that they had attended meetings while 20% had not. Only 6% of the parents who had not attended any school meetings also expressed a dissatisfaction to a totally dissatisfaction point of view. However, it should be mentioned that 12.5% and 7.5% of the responding 50 cases indicated that they had attended school meetings, yet they were dissatisfied and totally dissatisfied, respectively.

Table VI also indicates that 22% and 42% of 40 parents indicating that they had attended school meetings were totally satisfied and satisfied with the educational program. This finding tends to suggest that parents who make their presence known in the school setting tend to have a view that school services are adequate.

TABLE VI

Have You Ever Attended Meetings?
YES NO

ROW
TOTAL

Totally Satisfied	11 78.6 27.5 22.0	3 21.4 30.0 6.0	14 28.0
Satisfied	21 84.0 52.5 42.0	4 16.0 40.0 8.0	25 50.0
Dissatisfied	5 71.4 12.5 10.0	2 28.6 20.0 4.0	7 14.0
Totally Dissatisfied	3 75.0 7.5 6.0	1 25.0 10.0 2.0	4 8.0
COLUMN TOTAL	40 80.0	10 20.0	50 100.0

In a subsequent question parents were asked whether they had experienced problems with school services and whether they had attended school meetings. Table VII indicates that approximately 10.2% of the respondents had no problem with school services but had not attended any meetings, while 28.6% indicated having evidenced school problems yet were

those who attended school meetings. Again, a majority of the parents indicated not having any problems with school services and it was this group that was highest in attending school meetings. A small percentage, 8.2%, of the parents indicated that they had no problems with school services and had not attended any school meetings.

Table VII

Have You Ever Attended School Meetings?

			ROW TOTAL
	YES	NO	
Problems With School Services	YES	14	5
		73.7	26.3
		35.0	55.6
		28.6	10.2
	NO	26	4
		86.7	13.3
		65.0	44.4
		53.1	8.2
COLUMN	40	9	49
TOTAL	80.6	18.4	100.0

Table VIII indicates that the majority of parents had no problems with school services (32.7%) and felt that their child did not need additional services, however, 30.6% of the respondents indicated that they had problems with school services and indeed felt that their child needed additional services.

Table VIII

Have You Ever Attended School Meetings?

Does Your Child Need Additional Services?	YES	NO	ROW TOTAL
	15 75.0 53.6 30.6	5 25.0 23.8 10.2	20 40.8
NO	13 44.8 46.4 26.5	16 55.2 76.2 32.7	29 59.2
COLUMN TOTAL	28 57.1	21 42.9	49 100.0

In Table IX 51 parents responded to the question of whether they had problems with school services and whether they had participated in parent training programs. Table IX indicates that 21.6% of the parents had problems with school services and had not participated in any training sessions, while 29.4% indicated not having any problems with school services and had not participated in any parent training sessions. It is interesting to note that 17.6% of the parents had problems with school services and had also participated in parent training sessions.

Table IX
Participated in Parent Training

		YES	NO	ROW TOTAL
Problems With School Services	YES	9	11	20
		45.0	55.0	39.2
		36.0	42.6	
		17.6	21.6	
	NO	16	15	31
		51.6	48.4	60.8
		64.0	57.7	
		31.4	29.4	
COLUMN TOTAL		25	26	51
		49.0	51.0	100.0

Table X, indicates that roughly 75% of 51 parents had never attended a workshop on handicapping conditions while 25.5% of the parents had attended such sessions. Nine and eight tenths (9.8) of the respondents indicated having problems with school services and had also attended sessions for dealing with handicapped issues. Twenty-seven and a half percent (27.5) of the respondents indicated that they had problems with school services and had not attended any workshop to deal with handicapping issues; this group represents an unmet need (See Table X).

Table X
Attended Workshop on Handicapped

		YES	NO	ROW TOTAL
Problems With School Services	YES	5	14	19
		26.3	73.7	37.3
		38.5	36.8	
		9.8	27.5	
	NO	8	24	32
		25.0	75.0	62.7
		61.5	63.2	
		15.7	47.1	
COLUMN TOTAL		13	38	51
		25.5	74.5	100.0

Table XI cross-tabulates whether parents knew other parents and whether they were aware of information of legal rights of handicapped children. A majority of the parents (60.8%) indicated that they had access to information on legal rights of handicapped children and that they also knew other parents of handicapped children, while approximately 19.6% indicated they did not have information on legal rights of handicapped children and did not know any other parents of handicapped children.

Table XI

Know Other Parents of Handicapped

	YES	NO	ROW TOTAL
Aware of Legal Rights For Handicapped	31	1	32
	96.9	3.1	62.7
	77.5	9.1	
	60.8	2.0	
NO	9	10	19
	47.4	52.6	36.3
	22.5	90.9	
	17.6	19.6	
COLUMN TOTAL	40	11	51
	78.4	21.6	100.0

Table XII shows that 46% of 50 respondents indicated that they knew other parents and they had also participated in parent training sessions, while 32% indicated that they knew other parents but had not participated in any parent training session.

Table XII

Participated in Parent Training

	YES	NO	ROW TOTAL
Know Other Parents of Handicapped	23	16	39
	59.0	41.0	78.0
	92.0	64.0	
	46.0	32.0	
NO	2	9	11
	18.2	81.8	22.0
	8.0	36.0	
	4.0	18.0	
COLUMN TOTAL	25	25	50
	50.0	50.0	100.0

Table XIII indicates that 44.9% of the parents participated in parent training sessions and had attended school meetings while 14.3% indicated that they had not participated in any parent training session and had not attended school meetings.

Table XIII

Have You Ever Attended Meetings?

	YES	NO	ROW TOTAL
Participated in Parent Training Session	YES		
	22	3	25
	88.0	12.0	51.0
	56.4	30.0	
	44.9	6.1	
NO			
	17	7	24
	70.8	29.2	49.0
	43.6	70.0	
	34.7	14.3	
COLUMN TOTAL	39 79.6	10 20.4	49 100.0

Table XIV indicates that 38% had participated in parent training sessions and had access to legal information, while 28.8% indicated no participation in parent training sessions and having no access to legal rights information on handicapping conditions.

Table XIV

Information on Legal Rights
YES NOROW
TOTAL

Participated in Parent Training Session	YES	20	5	25
		80.0	20.0	48.1
		62.5	25.0	
		38.5	9.6	
	NO	12	15	27
		44.4	55.6	51.9
		37.5	75.0	
		23.1	28.8	
COLUMN TOTAL		32	20	52
		61.5	38.5	100.0

Chapter V

DISCUSSION

Overview

The objective of this section is to integrate findings of the research inquiry. Thus, this chapter will flow from problem statement to literature review to research design and collection, analysis and interpretation, and finally discussion and policy implications. Within this chapter, the findings and implications for policy are discussed and their relationships to parent involvement in schools reviewed in light of the urban inner-city areas studied.

Barriers to Parental Involvement

It should be noted that this investigation was guided by a hypothesis that substantial barriers exist in the lives of inner-city, low-income Black families who have handicapped children, and that these barriers prevent the parents from fully participating in the educational programs of their children. Further, it was speculated that barriers would be of an informational, attitudinal and situational nature and that if barriers were overcome the lives of the affected families would be enhanced. At the very least, this suggests that the views of the study groups in relation to their perceptions of identified barriers should be carefully analyzed and given serious consideration.

Although the thrust of this work did not focus on the manner in which social support systems militate against the stresses of everyday life facing these families, some

insights into support systems needed by these individuals to overcome potential barriers were found. This descriptive research effort sought to explore a very basic level of parent perceptions which might prove useful for theory building. New territory has been explored by this effort but many essential questions remain unanswered.

Parent Perceptions

It was found that 79% of respondents indicated satisfaction with their school programs of their children. Taken at face value, this seems to indicate that a large percentage of the parents interviewed felt that their children were receiving an appropriate education. However, closer scrutiny of the taped transcripts reveals that while the parents gave an affirmative response, they were acutely aware of shortcomings and deficits in their children's placements. Some examples include the Atlanta parent who responded that she was totally satisfied with the school system's program, but later made a statement that the school attended by her child had limited equipment and personnel who in her opinion did not appear to be competent and/or trained in working with severely handicapped children. Another Atlanta parent responded that she was satisfied with the school placement for her child despite the fact that her grandson was receiving less than 30 minutes of speech therapy per week instead of 30 minutes per day as recommended in the IEP. Another Atlanta parent indicated satisfaction with her child's placement, but later stated, "I'm not satisfied but I understand that there is not too much I can do." It appears

that while to a large degree in Baltimore and a lesser degree in Atlanta parents explicitly expressed content with the conduct of these delivery systems vis-a-vis their children, there seemed to be an implicitly understood dissatisfaction with the school system's abilities to provide quality support for their children.

While the parents, in direct response to a question on financial barriers, did not explicitly indicate that financial and situational problems inhibit their ability to insure an appropriate education for their handicapped children the "gestalt" of their response indicates such. Parents consistently indicated that the lack of transportation prohibited their attendance at routine school meetings or at parent meetings.

Several findings related to this study appear to be salient and begging for further discussion. Although a majority of parents indicated that they had received information regarding the legal rights of handicapped children and that they were familiar with P.L. 94-142, a substantial minority of parents (38.9%) responded in the negative. It appears that the Baltimore community was more effective in informing these parents of their basic legal rights and those of their children. While it was beyond the scope of the methodology employed in this study, it would be interesting for further study to determine in what ways and through what means was Baltimore able to inform 79.8 per cent of the parents surveyed of the legal rights of handicapped children and the essence of P.L. 94-142. On the other hand,

it would be worthwhile to ascertain what elements inhibited the Atlanta community from performing in a more progressive manner. One could only speculate that the necessary infrastructure, network and support systems were in place, viable, and operational in the Baltimore community and not as well in place in the Atlanta community. Or perhaps some differential parental characteristics may partially explain why the Baltimore subgroup of parents was more informed than the Atlanta counterpart. An analysis of the series of questions concerning parental self-ratings revealed that the Baltimore parents to a lesser degree than their Atlanta counterparts indicated that they were hesitant to request assistance for their children through the public school systems (27% compared with 36%). Further, the Baltimore parents in comparison with the Atlanta group perceived themselves to be more energetic (43.3% compared with 10%); more resourceful (70.0% compared with 43.3%); and more assertive (34.5% compared with 29.2%). The implications of these results seem to suggest that the collective group of parents in the Baltimore subgroup in comparison with their Atlanta counterparts were a more assertive and progressive group which might have resulted in the Baltimore school system's high level of response in the information category as compared with the Atlanta group. It is quite clear that without relevant and timely information Black parents are rendered unable to effectively impact the care-giving systems and thus enhance the educational programs of their children.

While the respondents generally indicated that the presence of a friend, spouse or another parent proved beneficial to them as they attended school meetings concerning their child's program, a large percentage of parents, 20.8%, indicated that many of them felt a sense of isolation, helplessness and "aloneness" as they attempted to ensure the most appropriate education for their handicapped children. They perceived their situations as unique conditions in which they found themselves and that they alone had to deal with and overcome the daily realities faced by their handicapped children. The data gives the impression that the notion of making connections or networking with other parents, albeit a positive one, was somewhat removed from consideration on the part of a large number of these parents. This missing perspective combined with the reality of not having adequate information seems to serve as a real barrier to having parents collectively struggle to ensure a positive education for their children.

To extend this line of thought, a majority of those parents interviewed recognized the need for parental involvement. Several had attempted to form advocacy groups or coalitions in the belief that parental pressure would bring about increased services or improved programs. Most were unsuccessful in their attempts and voiced their frustrations, believing other parents did not see the value in involvement or participation. They were, however, unable to offer any reasons or causes for lack of involvement. Their impressions mirrored the more popular theories that

struggle to simply exist (Nazzaro and Portundo, 1981) often left the parents' resources and energies depleted. Consequently, they appeared to be apathetic and disinterested when in reality they were overwhelmed.

An interesting finding related to this study is the fact that only 34 percent of the respondents believed that there were organizations in the community which were doing a particularly good job in assisting Black parents of handicapped children. By any criteria, this percentage represents a disappointingly low level of support for parents of handicapped children. The fact that such a small percentage of community organizations were perceived to provide assistance to Black parents of handicapped children is quite disturbing. Whether or not organizations in the various communities are providing service is not the major concern. The fact that a relatively large group of parents believe that this service is not provided is critical. This perception has the potential of serving as a self-fulfilling prophecy in the sense that if parents believe that their community organizations are not effective, they will in all likelihood not attempt to access them. This in turn has the effect of ensuring that parents do not access potential caregivers and that parents will not access these organizations for they fear "it is of no use."

It is apparent from the findings that Black parents of handicapped children must begin to share their problems and concerns with other family members in an honest and

forthright exchange and must solicit support from this natural support base. In light of the finding that 84.3% of the respondents indicated they would be interested in participating in workshops focusing on developing community support systems, parent training sessions designed by parents with assistance from professionals could provide a base for sharing concerns and developing support systems to provide collective support for the entire constellation of Black parents of handicapped children.

Methodological Problems

Several methodological problems arose during the course of this non-probabilistic case study of Atlanta and Baltimore. Although the training of interviewers indicated that they were well acquainted with the use of the instrument, in summarizing the results it became apparent that several natural openings requiring an interviewer probe were not made by selected interviewers. Hence, there appears to be some information loss due to a problem in quality control. Another problem which was evident in Baltimore was related to the fact that two parents who also served as interviewers may have been a source of contamination, because they were already relatively active and knowledgeable of parents who were and were not involved with the educational process. The use of these parents in the non-probabilistic identification process may have been a source of bias, thereby creating some social desirability in favor of parents who were already involved with the educational process of their handicapped child. Finally, the question which queried parents about

their level of "interest and involvement" was inappropriately used, thereby, creating a double barreled question which confounded the results and interpretations.

Recommendations

Lack of information is clearly one of the key elements in the respondents' lives and affects their level of participation in their children's education. There is an overwhelming need to make information available, to interpret the provisions of existing laws and to teach parents how to navigate the educational and social services maze. Federal, state and local agencies can alleviate this problem while utilizing several methods of providing parents with the proper information, i.e.:

- (1) Conduct workshops for parents designed to provide information on educational rights, to identify community resources and strategies for increasing parent advocacy.
- (2) Develop special information for distribution in urban areas, e.g., leaflets or pamphlets outlining basic rights and entitlements of children with special needs, stressing the need for multi-disciplinary evaluation. This information should be distributed to all parents of students in public schools, thereby minimizing the possibility that parents who may be unaware of special services will not be reached.
- (3) Conduct training sessions for staff members of social service agencies. Focus training on basic educational rights of handicapped students.
- (4) Target substantially more information about the rights of handicapped children at lower-income Black residents of inner-city areas. Such information dissemination should address issues of advocacy, network development, training and key legislation.

- (5) Funding should be sought for the development of community based workshops to encourage low-income residents (parents of handicapped children) to become involved in self-help/support groups.
- (6) There is a need for the development of a system for monitoring the level of parent involvement in the IEP process.
- (7) There is a need to train personnel of human service agencies regarding positive encouragement of parent involvement.
- (8) Additional research should be undertaken to determine specific barriers which inhibit the participation of inner-city parents in their children's educational programs and which illuminates the types of formal and informal support networks needed to overcome these barriers, the nature of these support systems and the means of developing and maintaining their viability. This research should include a much larger and representative sample size and build upon the methodology utilized in the present study.
- (9) Appropriate and relevant information should consistently be provided to parents concerning the rights of their children, the range of alternative placements available, and parents' responsibilities, obligations, and opportunities to influence the system on behalf of their children. This information should utilize the print media (primarily newsletters and newspapers) and should be developed with parents and in language easily understood by them. School systems should develop systems to implement and monitor such an informational system.
- (10) Innovative and creative formal and informal community based service delivery systems need to be strengthened where available and/or developed to militate against the stresses that can result from having a handicapped child in the family constellation. These support systems should operate in a collaborative fashion to avoid the potential for overlap and gaps in service while at the same time providing for a diffuse and comprehensive network of support.
- (11) Formal and informal parent self-help groups should be developed for the purpose of providing mutual support and aid. These groups should be organized by parents and should use the parents'

experiences with accessing support for their handicapped children as the bases of discussion, reflection, and action.

- (12) Assertiveness training, network building, and political advocacy training should be available to Black parents of handicapped children. Community based individuals who have vested interests in parents and their children should initially help to develop parent leadership for this type of training. Parents themselves, once trained, should eventually provides the training. If, on the other hand, the school eventually provide the training, a unit based on the Swedish ombudsman office should have responsibility for this training.

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APPENDICES

APPENDIX A

LIST OF REFERRING AGENCIES

Atlanta

Atlanta Area School for the Deaf, 890 N. Indian Creek Drive, Clarkston, GA 30021.

Atlanta Public Schools Programs for Exceptional Children, 224 Central Avenue, S.W., Atlanta, GA 30035.

Atlanta University - Department of Special Education, 223 Chestnut Street, S.W., Atlanta, GA 30314.

Atlanta Urban League, 75 Piedmont Avenue, Atlanta, GA 30303.

Children's Medical Services, 618 Ponce De Leone Avenue, N.E., Atlanta, GA 30308.

Emmaus House, 1017 Capitol Avenue, S.W., Atlanta, GA 30315.

Epilepsy Foundation of America - Georgia Chapter, 100 Edgewood Avenue, Atlanta, GA 30301.

Georgia Advocacy Office, 1447 Peachtree Street, N.E., Atlanta, GA 30309.

Project Rescue, 981 Luther Street, S.E., Atlanta, GA 30315.

Parents of Handicapped Children.

Baltimore

John F. Kennedy Institute, 550 N. Broadway, Baltimore, MD 21205.

Head Start - Urban Services Agency, 227 St. Paul Place, Baltimore, MD 21202.

MAUDD - Maryland Advocacy Unit for the Developmentally Disabled, 2616 Maryland Avenue, Baltimore, MD 21218.

Parent Advocacy Council for Exceptional Children, 2300 N. Calvert Street, Baltimore, MD 21218.

APPENDIX B

Interviewer # _____

Interviewee # _____

Interviewers in their own words will introduce themselves, explaining where they live, their connection with the neighborhood parental situation if parent of handicapped child, and how they got involved with the project.

REEMPHASIZE THE CONFIDENTIAL NATURE OF THE INTERVIEW, THEN STATE: "We are required by the Parents' Campaign for Handicapped Children and Youth to obtain your informed consent before beginning the interview."

HAND THE RESPONDENT THE CONSENT FORM. READ THE CONSENT FORM AND REQUEST SIGNATURE IN APPROPRIATE PLACE.

TODAY'S DATE: _____ / _____ / _____
MONTH DAY YEAR

TIME INTERVIEW BEGAN: _____ A.M.
_____ P.M.

TIME INTERVIEW ENDED: _____ A.M.
_____ P.M.

INTRODUCTION

READ TO RESPONDENT: "The purpose of this interview is to identify problems and concerns related to parent participation in the education of their handicapped children. This project is sponsored by "Closer Look," which is a national information center project of the Parents' Campaign for Handicapped Children and Youth. We will be interviewing parents in both Atlanta, Georgia and Baltimore, Maryland urban areas to gain a fuller understanding and sensitivity to the unique needs of parents of handicapped children from inner-city environments. This study is designed to determine

the information and support services needed by inner-city minority group parents in serving the educational rights of their children. Further, the study attempts to determine what problems prevent the participation of parents of minority, handicapped children in their education as well as to find out those family, school and community resources which assist in overcoming various barriers. This project has the potential of providing a research base for developing needed information and training programs to address the need for increased involvement of parents in the total development of their handicapped learners.

INTERVIEWER WILL NEXT DISCUSS WITH THE RESPONDENT THE PROCESS OF TAPING THE INTERVIEW AND THE CONFIDENTIAL NATURE OF THE TAPING.

LASTLY, INFORM THE RESPONDENT THAT YOU WILL ASK QUESTIONS ABOUT HIS/HER FAMILY, FRIENDS, NEIGHBORS, RESOURCES, AND INVOLVEMENT WITH SCHOOL PERSONNEL, THEN STATE: "Of course, this interview is completely voluntary. If we should come to any questions you do not want to answer, please tell me and we will go on to the next question. As indicated earlier, all of your answers will be held in the strictest confidence."

OBSTACLES TO PARENT INVOLVEMENT

INTERVIEW SCHEDULE

1. How many children do you have?
2. How many have a handicapping condition?
3. What is his/her age? (If parent has more than one handicapped child, get ages of each child.)
4. When did you first suspect that your child had a handicap or need special services?
5. What type of handicapping condition does your child (or children) have? (Probe: If more than one).
6. What type of classroom is your child (or children) currently placed in? (Probe: If more than one).
7. What caused you to suspect something was wrong?
 - 7a. After you suspected something was wrong, what did you do first?
8. When your child was diagnosed as having a handicapping condition, what action did the school system take?
9. Since your initial contact with the schools, how often do you discuss your child's condition with school personnel? (Probe: For a number of contacts with school personnel over last 12 months)
10. Have you received any information regarding the legal rights of handicapped children? (Probe: Are you familiar with recent legislation for the handicapped, e.g., P.L. 94-142, Section 504 passed in 1975?)
 - 10a. If yes, what type of information have you received and from what source did you learn about this information?
 - 10b. Was it helpful? (Probe: How?)
11. How would you like to receive additional information regarding your child's condition?
 - _____ Newsletter
 - _____ Books

Workshops/Seminar
 Cassette Tapes
 Radio/T.V. Broadcast

 Other _____ (Please specify)
Respondent should give first, second and third choices.
(Probe: Request respondent to comment on why they
selected the medium or media in this question.)

12. How many staff do you personally know that work at your
child's school?

12a. What type of work do they do?

13. Have you had or do you presently have problems with the
school's services for your child?

14. Have you talked with your child's teacher recently about
special problem or concern you have? (Probe: For time
and nature of discussion.)

15. Have you talked to anyone else at the school?

 Psychologist

 Special Education Specialist

 Resource Teacher

 Principal

 Other _____

(Probe: For time and nature of discussion.)

16. Would you say that you are:

 Totally satisfied

 Satisfied

 Dissatisfied

 Totally Dissatisfied

with the educational program for your child?

17. Have you attended school meetings during the past year?

 Yes

 No

- 17a. Were you invited? ☐ Yes ☐ No
- 17b. If yes, by whom? _____
- 17c. Were you accompanied by another person?
(Probe: If yes, probe for relationship of person who accompanied the parent.)
- 17d. If accompanied by someone else, did the presence of this person(s) prove helpful?
(Probe)
- 17e. If no, do you feel it would have been helpful to have someone with you?
18. Does your child currently need assistance that he/she is not receiving? (Probe: For type of assistance needed, if NO, skip to question 21.)
19. What would make it easier for you to go to school staff and request additional assistance? (Probe: For specificity of response.)
20. Do you feel school services are of high quality, if not, what course of action can solve this problem?
21. Do you feel is is a good idea for parents to meet with teachers about their child's education? (Probe: For suggested frequency, place, and type meeting.)
22. Do you feel you have the right to disagree with the school's decisions or actions about your child?
☐ Yes ☐ No ☐ Not Sure
- 22a. Why?
23. Do you know other parents or parent groups of handicapped children? ☐ Yes ☐ No (If no, skip to 24)
- 23a. If yes, how did you find out about them?
- 23b. What do you generally discuss?
- 23c. What led you to affiliate with these other persons? (Probe: For specificity.)
- 23d. How often do you meet with these individuals?

- 23e. Do these meetings help you to become more knowledgeable and involved in your child's education program? If YES, skip to question 25
24. What are the problems that keep you from meeting regularly other parents or parent groups concerned with the education of handicapped children? (Probe: Be specific as to type of problems, i.e., transportation, finances, attitude, etc.)
25. If you had to seek services for your child outside of school system name the organizations that you would contact.
- 25a. Do you know how to locate these community resource programs?
26. Are there organizations (whether or not you are a member) in the city that you think are doing a particularly good job in assisting people in your situation? (that is parents of handicapped children/Black families)
27. Who in your community has the power and influence to assist in bringing about change for the betterment of your child's education? (Probe: For name and institutional affiliation of individual(s) mentioned.) Why?
- 27a. Have you ever contacted this individual(s) for assistance?
- 27b. In what ways could this individual(s) help your situation?
28. Have any one of your friends, relatives or neighbors ever helped you when you had a problem related to the educational development of your child?
- 28a. In what kinds of ways did they help you?
- 28b. How often do they help?
- 28c. In your opinion, would your child's education be weakened without their support?
29. NEXT GO TO INDEX CARD. GIVE RESPONDENT THE CARD AND REQUEST THAT ~~THEY~~ CIRCLE THEIR RESPONSE.

30. Do you hold or have you ever held office in any of the previously mentioned organizations?
- 30a. If yes, what office and with what group?
- 30b. If NO, skip to question 33.
31. Are you satisfied with your overall participation in these organizations? (Probe: For specificity of organization.)
- 31a. How much satisfaction do you get from your participation in these organizations?
32. What are the advantages of belonging to these organizations? (Probe: For specificity of organization.)
- 32a. What are the disadvantages of belonging to these organizations? (Probe: For specificity of organization.)
33. Have you ever felt socially isolated from other parents or parent groups as a result of your handicapped child?
- 33a. If so, when do you generally have these feelings?
- 33b. How have you been able to cope with them?
34. Do you ever feel like you are helpless in your attempt to secure support for your child?
- 34a. If so, what do you believe is causing this?
- 34b. What can be done about this situation?
35. Have you participated in any parent training programs?
- _____ Yes _____ No
- 35a. If yes, what type of training programs? (Probe: For specificity.)
- 35b. If yes, how helpful has this training been? (Probe: If not, ask why haven't you participated in these programs?)
1. What should be covered in these programs?
 2. Who should conduct the training?
 3. Should trainers be Black?

4. How should the training be conducted?
 5. Where should the training be held?
 6. How long should the training be?
36. Have you ever attended a workshop which focused on preventing handicapping conditions? ☐ Yes ☐ No
(If yes, ask 36a. & b; if no, ask 36c-h)
- 36a. If yes, please describe the nature of this workshop.
 - 36b. Was it helpful?
 - 36c. If not, would you be interested in participating in one?
 - 36d. What content should be included in such a workshop?
 - 36e. Who should participate in such a workshop?
 - 36f. Who should conduct the workshop?
 - 36g. How long should the workshop be?
 - 36h. During what time of day should the workshop take place?
37. Would you be interested in participating in a workshop which identified family and community support systems for parents of handicapped children in local communities? ☐ Yes ☐ No If no, skip to 37b.
- 37a. If yes, please describe the nature of this workshop.
 - 37b. If no, would you be interested in participating in one?
 - 37c. What content should be included in such a workshop?
 - 37d. Who should participate in such a workshop?
 - 37e. Who should conduct the workshop?
 - 37f. How long should the workshop be?
 - 37g. During what time of day should the workshop take place?

38. Are you hesitant to request assistance from others?
- 38a. If so, from which group of others?
- 38b. Why are you reluctant to request assistance?
39. Generally, how would you describe yourself? (Probe: For feelings of self-concept, personality, social interaction, etc.)
40. To what extent do urgent problems prevent you from becoming involved in your child's educational program?
- 40a. What tends to be the nature of these problems?
- 40b. In what ways do these problems keep you from being active in your child's program?
41. What effect does the lack of finance have on your participation and involvement in the educational program for your child?
42. HAND THE RESPONDENT THE CARD AND REQUEST THAT HE/SHE CIRCLE THEIR ANSWERS TO QUESTION 42.
43. How many grades of school have you completed?
44. How many grades of school did your spouse or mate complete?
45. Who are the other adults living in the household (if any)? What is the relationship of these adults to your child?
46. What is your present occupation and source of income? (Probe: For range of income)
47. How much is your monthly income?

Thank the respondent for participating in the interview and leave information envelopes.

INTERVIEWEE NUMBER _____

29. Rate your interest and involvement in the following organizations: (5 = most interested and involved; 1 = least interested and involved).

	Least Interested and Involved	1	2	3	4	5	Most Interested and Involved
Social clubs		1	2	3	4	5	
Self-help groups		1	2	3	4	5	
Political groups		1	2	3	4	5	
Church groups		1	2	3	4	5	
Voluntary groups		1	2	3	4	5	
Cultural groups		1	2	3	4	5	
Local or state association for handicapped		1	2	3	4	5	
National association for handicapped		1	2	3	4	5	
Child advocacy groups		1	2	3	4	5	
Other (please name.)		1	2	3	4	5	

42. How would you rate yourself on the following characteristics?

Rating Scale: (Circle One)

	1 Very High	2 High	3 Med High	4 Med	5 Med Low	6 Low	7 Very Low
Energetic	1	2	3	4	5	6	7
Resourceful (Retrieval of Information)	1	2	3	4	5	6	7
Organized	1	2	3	4	5	6	7
Assertive	1	2	3	4	5	6	7
Adaptability (Being able to cope with change.)	1	2	3	4	5	6	7

INTERVIEWER CHECK LIST
(TO BE FILLED OUT AFTER INTERVIEW IS COMPLETED)

1. What is respondent's sex

1 MALE

2 FEMALE

2. What is respondent's race

1 BLACK

2 OTHER

3. Generally, was the respondent

- _____ 1) VERY COOPERATIVE
- _____ 2) SOMEWHAT COOPERATIVE
- _____ 3) SOMEWHAT UNCOOPERATIVE
- _____ 4) VERY COOPERATIVE

4. When you first began the interview, was the respondent:

- _____ 1) SUSPICIOUS OR RELUCTANT
- _____ 2) WELCOMED YOU
- _____ 3) RESERVED, BUT FRIENDLY
- _____ 4) OTHER _____

(SPECIFY)

5. Approximately, how many interruptions occurred that were at least a minute or so long?

Number of Interruptions _____

Nature of Interruptions _____

NONE

6. Did the presence of others (adults or children) affect the interview in any important way?

☒ YES

☐ NO

Explain how: _____

7. Which questions in the survey posed difficulties for the respondent in terms of comprehension or understanding, wording or sensitivity of question?
- _____

8. Did the respondent have any of the following? Check all that apply.

☐ A. HEARING PRO

☐ B. VISION PRO BLINDNESS,
UNUSUALLY TO GLASSES

☐ C. PHYSICAL IMPAIRMENTS

☐ D. NONE

9. Type of dwelling

☐ A. APARTMENT OR MULTIPLE FAMILY HOUSE

☐ B. DETACHED SINGLE FAMILY HOUSE

☐ C. TOWNHOUSE/ROWHOUSE

_____ D. DUPLEX OR SEMI-DETACHED HOUSE

_____ E. DWELLING ABOVE STORE

_____ F. OTHER _____
(SPECIFY)

10. Did the neighborhood appear to be well-kept?

1 YES

2 NO

How? _____

11. Describe any unusual occurrences during the interview.

12. Additional comments by interview: _____

13. Interviewer information

A. DATE OF INTERVIEW:

Month

Day

Year

B. LENGTH OF INTERVIEW: _____

C. SEX OF INTERVIEWER: _____

D. INTERVIEWER'S ID # _____

SIGNATURE OF INTERVIEWER

DATE

APPENDIX C
OBSTACLES TO PARENTAL INVOLVEMENT (OPI)

Interview Training

November 16, 1981

- o INSTRUCTIONS
- o PARENT'S CAMPAIGN ON HANDICAPPED CHILDREN AND YOUTH --
Closer Look
- o OPI
- o OPI and MANAGEMENT
- o LOGISTICS
- o REVIEW INTERVIEW FORMAT AND SCHEDULE
- o INTERVIEWING TECHNIQUES

Flow of Interview

1. Self-introductions--Relate! Relate!
 - Who are you
 - Your role
 - Respondent's role
 - Where you live, etc.
2. Briefly explain Parent's Campaign for Handicapped Children and Youth.
3. Briefly explain Obstacles to Parent Involvement (O.P.I.) Study -- goals, objectives and use of data
4. Review voluntary nature of responses.
5. Assure confidentiality of respondents and their information. Secure signature on the form.
6. Discuss respondent taping--Purpose of taping is to ensure the most accurate and complete collection of information. All tapes will be held in confidence. Check tape playback for volume level.--DO A CHECK
7. Entertain questions. Gain ownership. STROKE
8. Begin interview.

9. STROKE, PROBE, REFLECTIVE LISTENING (Interpret where appropriate).
10. Take appropriate pauses--Go with the flow.
11. End interview and conduct interviewer checklist.
12. STROKE, LEND AN EAR, THANKS, THANKS.

Interviewing Techniques -- Just a Few

- o Establish role climate and building trust and respect -- "Developing a willingness to reveal" -- Easing your way in
- o Question asking, interpreting, probing, and reflective listening
- o Timing and pacing -- "Get that Rhythm"
- o Stroking
- o Ending and Departure

Methodology

- o Qualitative/Ethnographic Approach and Framework
 - oo Depiction--Reflection--Interpretation
- o Developing Initial Interview Schedule
- o Field Testing
- o Revise Interview Schedule
- o Final Interview Schedule
- o Interview Training Session
- o Interview - Taped
- o Collect and Transcribe Data
- o Content Analysis of Data--"A Search For Themes"
- o Debriefing Interviewers: Subjective Impressions
- o Analysis of Findings by Consultants and Community People
- o Preliminary Draft of Results and Conclusions
- o Conduct Follow-up Workshops
- o Revise Results and Conclusions

Sample Case Studies

One case from each site (Atlanta and Baltimore) has been selected to illustrate some of the commonalities and findings that surfaced as a result of the project. They are cited below; all names have been changed.

MRS. JONES

Mrs. Jones is a widow and the mother of six children. Two are living at home. Home is an apartment in a public housing complex. The family's monthly income is \$468.00. The interviewer notes on the checklist that the neighborhood was littered with debris, abandoned cars and broken bottles. Several of the units were boarded up. Mrs. Jones' apartment was clean although the furniture was worn and sparse.

Mrs. Jones' two children living in the home are both male. One, age 22, has been unemployed for several months. The younger, subject of the interview, is 15 years old and has Hunter's syndrome. He is gradually losing his hearing and his mother has been told that he will lose what remains within a few years. He is very small for his age with some physical deformities including misshapened hands and feet which require special shoes.

The loss of hearing is affecting his speech and he has outgrown his hearing aids. The mother was denied Medicaid and does not know of any other source of assistance. John's placement had been in a class for multiply handicapped children. He was not receiving any instruction in sign

language despite the continuous loss of his hearing. He has been out of school for an entire year. The situation resulting in absence from school began when he developed a severe skin rash with some bleeding. Mrs. Jones requested a homebound instructor but the teacher, after determining the location of the housing complex, expressed fear of coming into that particular neighborhood. She was also concerned about the possibility of contracting John's skin condition despite Mrs. Jones' assurances that it is not contagious. Mrs. Jones attempted to pursue the matter but her efforts were made more difficult by the fact that she did not have a phone.

The week before the interview, the school system sent a truant officer to see Mrs. Jones regarding her son's extended absence from school. After she explained the situation, the truant officer left, stating that he had no authority in matters such as these. Mrs. Jones decided that the truant officer's visit provided her with the opportunity to get John readmitted to school although his skin still had not healed. She prevailed upon a neighbor to transport them to John's school. The principal denied John readmittance and sent him back home.

Although John's handicap was discovered in 1976, Mrs. Jones does not know that there are laws, both state and federal, which guarantee her son an appropriate education at no cost to her. She does not know that the school is required to develop a personalized program to meet his needs.

Mrs. Jones has had to quit her job as a short order cook because John is not able to stay alone. He is very nervous and easily frightened or upset. His social skills and maturity do not match his chronological age. The loss of her job caused Mrs. Jones to rely on Social Security and SSI. Because John is afraid to be alone for more than an hour, Mrs. Jones must do her errands early in the morning and return home before the older son leaves to look for work. This need to remain home, along with the other pressures of surviving, is having an effect on Mrs. Jones. She blacked out two weeks before the interview because her blood pressure was too high and was confined to bed for a week. She is becoming more depressed because of the confinement and constant demands. "Sometimes I just feel that I need to be out from home. You can stay in so long 'til you just get where you don't even have the energy to do the things you need to do. It just takes that energy away from you and I know I've been getting like that. I said, well, I need to do such and such a thing and I sit down. I said, well, it ain't going to do no good".

MRS. SMITH

Mrs. Smith is a single parent. She has two daughters, ages seven and eight. The eight year old is mildly retarded and the seven year old is multiply handicapped; profoundly retarded, cerebral palsied, has seizures, walks with assistance and is nonverbal. She was born with a cleft lip. The family's income is \$475.00 a month. The source of income is public assistance and SSI. Most of the interview centered

around Sue, the younger daughter. The older daughter, Jane, is in a class that does not appear to meet her needs but Mrs. Smith is reluctant to press for services "because I'm not a taxpayer at this point."

Sue is in a special program but Mrs. Smith is unable to evaluate its effectiveness because her daughter's handicaps are so severe. She notes, however, that she cannot see any progress but thinks that Sue may not be capable of doing more. There was much difficulty in diagnosing Sue's condition and mother and child made the rounds to several clinics and doctors before a diagnosis was made. Sue was 3 1/2 years old before her mother knew that special programs were available.

During the interview, Mrs. Smith related the frustrations she encountered while trying to get special equipment for Sue. She finally became so desperate that she faked a suicide attempt in her effort to get the needed equipment. This, combined with a social worker's charge of neglect (because the mother did not have equipment) resulted in a court hearing. Fortunately, the judge ordered Social Services to provide the mother with the crib and walker but Mrs. Smith now regrets the action because she does not want her mother to know about her court hearing. Mrs. Smith is also unhappy about the stigma attached to being considered suicidal or insane.

She had been encouraged to put her children in a foster home and enroll in a job training program in order to improve her life but she is unwilling to do so. "It's too many

children living in this project whose mothers had them in foster care and they resent it. No matter what the reason was, and that hurts. I just can't do that."

In describing her experiences with professionals, Mrs. Smith makes the following comments: "All parents are not slow in understanding and learning. Our biggest problem is having the exposure the professionals have and going to college, outside interests. Because we don't have the knowledge, they tend to talk to us in funny ways, disrespect us in a lot of ways. Through our own personal experiences, we also have a way of not getting our point across."